



Review of Gaps Identified in Prevention Strategy

Current Prevention Strategy:

- Improving abstinence and faithfulness preventive behaviors among youth
- Expansion of both mass media approaches and community outreach activities involving CBOs and FBOs
- Expansion of quality prevention services for adults
- Reducing infections in high-risk areas and high-risk populations
- Support for workplace programs

Current Prevention Strategy:

- Prevention of mother to child transmission
- Promotion of safe injection practices
- Strengthening the blood services in their efforts to ensure an adequate and safe supply of blood

Gaps and Challenges in HIV Prevention

AB Programmes:

- We need a 'better' practices model to make AB more appealing to people.
- We need to incorporate behaviour change theories into the design of our interventions.
- In incorporating behaviour change theories we need to understand the socio-economic environment/context within which we are operating.
- We need to build capacity of local organisations to work in their communities and develop an approach that fits the community.

Gaps and Challenges in HIV Prevention

AB Programmes:

- There isn't a uniform message regarding HIV/AIDS. The public is given conflicting messages by government, NGOs and the media. Leaders in the fight against HIV/AIDS need to develop a common message.
- AB is mainly promoted by Christian FBOs. Other religions also need to be brought on board.
- African traditional Churches incorporate practices that are not found in mainstream churches. Different messages may have to be designed for members of these churches.

Gaps and Challenges in HIV Prevention

AB Programmes:

- There should be greater involvement of traditional leaders and healers in the promotion of AB messages.
- Increase people's personal recognition of their own risk. What sometimes seems normal behaviour can be in fact risky.
- Need to work with structures at both local and national level.

Gaps and Challenges in HIV Prevention

AB Programmes:

- Churches often contribute to stigmatization by passing judgment on HIV +ve people. FBO leaders need to be educated and sensitized to the stigma surrounding HIV/AIDS.
- There isn't enough sharing of resources (materials, ideas) amongst partners. There needs to be a strategic planning meeting for AB partners and partners involved in prevention work. There needs to be greater coordination among PEPFAR partners.
- Not only should we share 'best' practices, but we need to share lessons learned of practices that didn't work.

Gaps and Challenges in HIV Prevention

AB Programmes:

- Discussions around issues such as circumcision and virginity testing should be revived (In the case of virginity testing, not necessarily the act). The focus should be on the lessons that boys and girls are taught with regard to AB.
- AB messages focus on the youth to the exclusion of adults. There is a need for more messages targeted at adults.
- Mass media/communication should be integrated into AB messages and other prevention Programmes.
- We need to strengthen social mobilization around AB.

Gaps and Challenges in HIV Prevention

Other Prevention Activities:

- Synergy among NGOs; Govt.
- Geographic coverage: FS, NC, NW
- M&E - lack of emphasis/ lack of adequate systems
- Male involvement in activities
- Don't see the "Big Picture"
 - (opportunities for synergy/ duplication/ overlap)
- Talk about what isn't working - cease programs that are not working and upscale smaller, innovative programs (ethics)
- Quality assurance of interventions? (need to link up govt.) Who has responsibility?

Gaps and Challenges in HIV Prevention

Other Prevention Activities:

- Lack of terms of reference to guide partnerships
 - lack of clearly defined roles and responsibilities)
- TA Support to partners? Need a “formalised” process; need to strengthen communication among partnerships
- Programs targeting part of the audience
 - e.g. offenders (what about the staff)
 - e.g. learners (what about the educators)
- Assessment of Institutional capacity
 - lack of resources to develop staff (Recipe for failure)
- Activities are “donor driven”
- Lack of “exit strategies” – time frames

Gaps and Challenges in HIV Prevention

Other Prevention Activities:

- Feedback from M and E data for program improvement
- Sustainability? Beyond PEPFAR - development.
- Lack of operational research - targeted evaluations
 - (PEPFAR doesn't fund Operational Research related activities)

Recommendations:

AB Prevention:

- A common message across prevention programmes and partners
- Stronger social mobilisation around the messages of abstinence and fidelity
- More focus on adults relative to youth
- Scale up of male responsibility, HIV testing and workplace interventions
- Avoid excessive concentration of USG activities in a few provinces

Recommendations:

AB Prevention:

- Standardisation of similar approaches and more sharing of resources across partners
- Improved quality assurance, including incorporating behaviour change theory into interventions and identifying both best practices as well as “what does not work”
- Better defined indicators and stronger M&E

Recommendations:

Other Prevention:

- Scaling up interventions - using existing infrastructure
- Govt. is a strategic Partner
- Talk about what isn't working - cease programs that are not working and upscale smaller, innovative programs
- Quality assurance of interventions (need to link up with Govt.)
- Strong level of communication is required between PEPFAR and partners
- PEPFAR - to do pre-assessment before they allocate funds – human capital

Recommendations:

Other Prevention:

- Focus on sustainability strategies
 - beyond PEPFAR
 - development
- Allow opportunity to share results – similar meeting like this should be coordinated for the purpose
- “Big Picture” - mapping exercise - community planning and mapping - Who coordinate the process?
- Involvement: strengthening of partnerships with District AIDS Councils/ other govt. structures
- Look at existing activities to identify opportunities for collaboration and integration

Recommendations:

Other Prevention:

- Identify other key stakeholders within target communities (baseline assessment)
- Advocacy; and lobbying
 - unblock and open chained doors
- PEPFAR to take responsibility for Quality Assurance in program implementation and sustainability
- Sharing and accessing data - programmatic information to inform program development
- Build in exit strategies in you intervention
 - recognize what the needs are in our dept(s)
- Shape the programs according to intervention objectives
- Need for ongoing TA support for M and E (project period)

Framework for Strengthening HIV Prevention Strategy:

- Increase priority to high prevalence populations and localities
- Personalise understanding of the risks associated with multiple partners
- Target more focused, complementary messages to priority sub-populations
- Integrate prevention with positives within all PEPFAR care and treatment sites

Framework for Strengthening HIV Prevention Strategy:

- Strategically expand targeted interventions for most-at-risk populations
- Explore the feasibility of male circumcision
- Improve the quality and coordination of USG prevention activities

Conclusion

- Comprehensive approach required
- Directly confront lack of understanding of the risks of multiple partners and other major sources of vulnerability
- Importance of knowledge of HIV status as the foundation for trust between sexual partners
- Increase understanding of personal risk and maintain high levels of risk perception
- Mobilise stronger engagement and leadership at the provincial and community level